

Registration Form
Aquatic & Riparian Invasive Species
Research and Outreach Workshop
July 25-26, 2002 Colorado Springs, Colorado

Name _____ Title/Position _____

Agency/Organization _____

Office Mailing Address _____

City/State/Zip _____

E-Mail Address _____ Office Phone _____ Fax _____

Registration Fee: \$45.00. Check or Credit Cards will be accepted. Please make checks payable to: Bureau of Reclamation and please reference the Invasive species Workshop (Fee covers box lunch and banquet on Thursday, July 25, 2002)

Payment enclosed: Check _____ Visa _____ MasterCard _____

Name as it appears on card _____

Credit Card number _____

Expiration Date _____

HOTEL: RED LION HOTEL, 314 WEST BIJOU, COLORADO SPRINGS CO, (719)-329-7444
RATE \$73.00 (PLEASE REFERENCE THE BUREAU OF RECLAMATION WHEN
MAKING YOUR RESERVATION)
RESERVATIONS MUST BE MADE BY **JULY 10, 2002**, TO RECEIVE THE \$73.00 RATE

BANQUET: DINNER BUFFET, Thursday, July 25, 2002.

I WILL ATTEND YES NO (PLEASE CIRCLE ONE)

FIELD TRIP: SALT CEDAR BIOLOGICAL CONTROL STUDY SITE (FRIDAY, JULY 26, 2002, 8:30AM –
2:00 PM, PUEBLO, COLORADO)

I WILL PARTICIPATE YES NO (Please circle one)

Please return this form and registration fee BY **July 10, 2002**, to
Bureau of Reclamation
Research and Natural Resources
Attention: D-9000 (Potthoff)
P.O. Box 25007
Denver, CO 80225-0007

Or Fax this form to (303) 445-6323

If you have questions, require any special services, or have special dietary needs, please contact Siegie Potthoff at (303) 445-2136.